Diabetes Action Now

Proposals for providing guidance on the contents and implementation of National Diabetes Programmes

Why it is time for Diabetes Action Now

It is no exaggeration to describe diabetes as one of the major contributors to ill health and premature mortality worldwide. Globally, across all ages, it is estimated that at least 1 in 20 deaths are attributable to diabetes, and in adults aged 35 to 64 the proportion is at least 1 in 10 deaths. If the current trend continues it is estimated that by 2030 the number of people with diabetes will more than double. Most of this increase will be due to a 150% increase in developing countries, and where the greatest burden will fall on men and women in their economically productive years. Because of its long term complications, diabetes is an extremely costly disease. For example, it is estimated that between 2.5 and 15% of health care budgets worldwide are devoted to diabetes, depending upon its prevalence and the level of technology. The so called “indirect costs”, to individuals, families and the broader community are harder to quantify but are substantial.

However, there is much that can be done. A substantial proportion of the predominant type of diabetes, type 2, can be prevented through the promotion of physical activity, healthy eating and the prevention of obesity. As for people with diabetes, their quality of life can be greatly enhanced, and their risk of long term complications reduced, through the provision of effective health care and education.

The public health threat from diabetes is part of a larger threat from chronic, non communicable, diseases, such as cardiovascular disease, chronic respiratory disease and cancers, that now account for 60% of all deaths globally. These diseases, along with diabetes, share many risk factors in common. In addition, successful approaches to their management, and the prevention of their adverse consequences, have fundamental similarities in areas such as health care organization, patient education and the importance patient centred care. The work proposed in this document, which focuses on diabetes, would form part of the integrated approaches addressing these diseases that are being developed by the Department of Chronic Diseases and Health Promotion, WHO, Geneva.

Diabetes Action Now is a joint initiative of the World Health Organization and International Diabetes Federation (IDF), with support from the World Diabetes Foundation. It has arisen in response to the growing global importance of diabetes.

The aim of this document

The aim of this document is to seek the views of a broad spectrum of individuals concerning the work proposed to assist in strengthening health care for people with diabetes in developing countries. The document is being sent to key partners including those within WHO Regional Offices and the International Diabetes Federation, as well as to individuals known to have direct experience of providing diabetes care in developing countries. It is also being made available on our website.

The document is divided into three main sections. These consist of:

- A brief description of Diabetes Action Now;
- A review of other WHO and IDF initiatives that are related to strengthening health care for diabetes or its co-morbidities in developing countries;
- Specific activities proposed as part of Diabetes Action Now.
Diabetes Action Now

The overall goal of Diabetes Action Now is to stimulate and support the adoption of effective measures for the surveillance, prevention and control of diabetes in low and middle-income communities, particularly in developing countries. The programme began in October 2003 and five major areas of activity are planned over its first three years. These activities were settled upon after widespread consultation between November 2003 and January 2004.

Spearheading the project are activities to raise awareness about the public health importance of diabetes, particularly in developing countries. The other activities are concerned with starting to fill some important gaps in knowledge, such as on awareness about diabetes and its economic impact in developing countries, and providing guidance for policy makers on the prevention of diabetes and its complications. The five activity areas are summarised below.

1. Awareness-raising about diabetes, its complications and prevention. These efforts will focus particularly on international health policy makers and those in low and middle countries. This work is being conducted in collaboration with the IDF Awareness Raising Working Group.

2. New studies on awareness about diabetes, and the economic impact of diabetes, in developing countries. Activities are planned initially in four sentinel sites, two concerned with awareness raising and two with assessing the economic impact of diabetes. The work on the economic impact of diabetes is being planned with the IDF Health Economics Task Force.

3. Production and dissemination of a new scientifically based review on the prevention of diabetes and its complications. This will be a much needed update of the 1994 WHO technical report on the same topic. Work has begun and publication is planned for early 2005.

4. Production of up-to-date practical guidance for policy makers in developing countries, on the contents, structure and implementation of national diabetes programmes.

5. Development of a web-based resource for policy makers to support the implementation of national diabetes programmes.

Specific proposals for activities 4 and 5 are made below. Before describing these proposals other major initiatives that are relevant to activities 4 and 5 are described.

An overview of major related initiatives

The initiatives described below are an important part of the context for the work proposed as part of Diabetes Action Now.

Initiatives at WHO Headquarters

Innovative care for chronic conditions: building blocks for action

This initiative was undertaken in recognition that health systems, particularly in developing countries, are ill equipped to deal with chronic conditions because they largely evolved in response to treating acute, infectious, disease.

Through this initiative a comprehensive framework (see end of document) was developed for improving health care. The framework identifies three levels in chronic disease care and the interaction between them. These levels are the macro or policy level; the meso or health care organization and community level; and the micro or level of patient interaction with health care, family and community. For each of these levels a series of “building blocks” is defined. These building blocks provide guidance on various aspects of implementing and improving care for chronic conditions. The initiative is supported by a web based “Observatory on Health Care for Chronic Conditions” (www.who.int/chronic_conditions).
**Integrated Management of Adolescent and Adult Illness (IMAI)**

This initiative aims to provide coherent guidance and training to primary health care workers on the management of conditions in adolescence and adulthood. In this regard, it is similar to an earlier initiative for children (Integrated Management of Childhood Illness). To date, IMAI has produced general guidance on the management of chronic conditions plus a specific module on the management of HIV/AIDS including the administration of antiretroviral therapy. Of all possible chronic conditions, a module on HIV/AIDS was developed first because of the need to support WHO’s 3 by 5 initiative (3 million HIV positive people in developing countries to be on antiretroviral therapy by 2005). However, the IMAI initiative is keen to develop and make available modules on other conditions, especially diabetes. More information on this initiative can be found at: [www.who.int/3by5/publications/documents/imai/en/](http://www.who.int/3by5/publications/documents/imai/en/).

Within the context of the Innovative Care for Chronic Conditions Framework described above, the IMAI initiative can be seen as helping to provide a major building block – i.e. the organization and equipping of primary health care teams.

**Global Initiative for the Treatment of Chronic Diseases (GIFT)**

This is a new initiative, still in development, which aims to improve access for people with chronic diseases to drugs known to be highly effective in reducing the risk of adverse events. These include antihypertensives, statins, aspirin and, of course, medications for hyperglycaemia for people with diabetes.

**Initiatives within WHO Regions**

There are many relevant initiatives in progress within WHO regions. These include for example the declarations on diabetes, such as the Declaration of the Americas (DOTA) and the Western Pacific Declaration on Diabetes (WPDD). No attempt has been made to detail the regional initiatives in this document; however, feedback from the Regions is sought and close cooperation with them is essential.

**Initiatives within the International Diabetes Federation (IDF)**

**Stepped guidance on diabetes care according to resources**

The IDF is in the process of developing international guidance on clinical care for diabetes. The guidance will be hierarchical, starting with core, minimum, levels of care that should be affordable by most developing countries, with second and third levels to be implemented dependent upon resource availability. A meeting is planned for early 2005 and the guidance should be available by the middle of the year.

**A review of models of care for diabetes and related chronic diseases**

This is an initiative of the IDF Consultative Section on Diabetes Education, which is being undertaken in collaboration with the WHO. The overall goal of this initiative is to provide authoritative guidance on the contents and implementation of diabetes and related chronic disease programmes. An exploratory meeting between IDF and WHO was held at the end of November 2004 and more detailed plans will be available in early 2005. This initiative is complementary to the Innovative Care for Chronic Conditions initiative and can be seen as helping to develop this work further through a particular focus on diabetes.

**Disease control priorities in developing countries project**

This is a joint project of the Fogarty International Center of the National Institutes of Health, WHO, and The World Bank, with financial support from the Bill and Melinda Gates Foundation. The overall aim of the project is to assist developing countries to establish evidence based health priorities and cost-effective health interventions. A first edition of “Disease control priorities in developing countries” was published in 1993. The second edition, to be published in 2005, is in preparation and will include a chapter on diabetes.

Recommendations in the diabetes chapter will be hierarchical, from those that are cost saving and highly feasible through to those that are effective but expensive and much less feasible.
Proposed Activities of Diabetes Action Now on providing guidance on the contents and implementation of National Diabetes Programmes

The overall aim of this work is to provide guidance and access to resources that will assist policy makers in developing countries to improve the coverage of cost effective health care for people with diabetes. The proposed work takes into account other major initiatives in this area, particularly those described above. During the timeframe of the current funding for Diabetes Action Now three broad outcomes are envisaged:

1. **Guidance on effective health care interventions for people with diabetes appropriate to different resource settings will be produced.** It is our aim that this guidance will be entirely consistent with that in preparation by IDF, which ideally should also be consistent with that produced for the diabetes chapter on “disease control priorities in developing countries”. It is anticipated that there will be three packages of health care interventions: from the most cost effective and feasible through to the least cost effective and least feasible (only appropriate for consideration in the richest settings). This guidance will be provided on the WHO diabetes website and in relevant publications and presentations from WHO.

2. **Guidance and access to resources for the implementation of effective health care interventions will be provided.** This guidance will be targeted at policy makers, at national and sub national levels. It will take a system wide approach and thus include what is needed at the macro, meso and micro levels of the health and related sectors. Initially the Innovative Care for Chronic Conditions (ICCC) Framework will be used to provide a coherent structure for this guidance. However, as work continues with the IDF on models of care for chronic conditions the structure used may change accordingly.

The guidance and resources will be provided through a new website. The website will include within it, or will link to, resources (such as guidelines, training packages, and quality improvement tools) and provide the contact details of people who have experience of improving diabetes care and are willing to provide advice. The website will focus on providing guidance that is useful to policy makers in developing countries. Therefore particular emphasis will be given to supporting the implementation of the most cost effective and feasible interventions. The plan is to develop this web based resource over the course of 2005 and to "go live" in early 2006. It will be important to ensure this website is complementary to, and integrated with, the WHO Observatory on Health Care for Chronic Conditions.

3. **A package of tools for improving the capacity and quality of primary health care for diabetes will be produced, pilot tested and disseminated.** This will be based on the approach developed for the Integrated Management of Adolescent and Adult Illness (IMAI) initiative. A guideline and training manual will be developed (which will thus provide the diabetes module of the IMAI initiative). The materials will be designed to be modified for local needs. Guidance will be given on how to undertake the process of adaptation in order to encourage local ownership of the materials, and to assure regular data collection for audit and quality improvement.

Discussions have been held with the International Diabetes Center in Minneapolis, USA, a WHO Collaborating Centre for Diabetes, which is known for Staged Diabetes Management (SDM). SDM lays down evidence based clinical pathways that are then adapted locally. It is proposed that the International Diabetes Centre will help to produce the IMAI module for diabetes and also play a key role in piloting these materials in three or four pilot sites in developing countries. Within each pilot site a local “design team” team would oversee the adaptation of the materials for local use, and would be responsible for developing an implementation plan. Primary health care workers responsible for diabetes care would be trained. Evaluation would take place over a 12 month period and would be based largely on process and intermediate outcome measures such as blood pressure and blood glucose control. The lessons learnt from the pilot projects would be used to role out this programme to other sites supported by the development of training centres able to help support the further dissemination of this approach. A slightly more detailed description of the proposed work with the International Diabetes Center is attached or is available on the diabetes website (www.who.int/diabetes).
Finally, it is proposed that a compact disc and web based version of the training materials would be produced. Very preliminary discussions on this have been held with a former WHO collaborating centre with expertise in this area.

**Resources required to undertake the proposed activities**

Not all the activities proposed above could be undertaken within the resources currently available to Diabetes Action Now. New resources would be sought for most of the work on developing and pilot testing the tools for improving primary health care (i.e. under item three above). Taking further the work on reviewing models of care for chronic conditions would also require new resources. The work providing guidance on the contents and implementation national diabetes programmes (items 1 and 2 above) would be completed within current resources.

**Summary and a call for your views**

Diabetes Action Now is a joint programme between the International Diabetes Federation and the World Health Organization. An important part of this programme is the provision of guidance to policy makers in developing countries on the contents and implementation of national diabetes programmes. This document has outlined the context for work and its proposed outcomes and activities. Your feedback on all or any aspect of these proposals would be much appreciated. Please also let us know if there are any other initiatives that you feel this work should taken into account. Please also feel free to suggest additional or alternative areas of work, both for the next 2 years and for the longer term.

All feedback will be gratefully received and will be acknowledged. We would appreciate any feedback by January 31st 2005. Please send feedback to the diabetes email (diabetes@who.int).

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Figure – an integrative framework for improving care for chronic conditions

Innovative Care for Chronic Conditions Framework

Positive Policy Environment
- Strengthen partnerships
- Support legislative frameworks
- Promote consistent financing
- Develop and allocate human resources

Links
- Integrate policies
- Provide leadership and advocacy

Community
- Raise awareness and reduce stigma
- Encourage better outcomes through leadership and support
- Mobilize and coordinate resources
- Provide complementary services

Health Care Organization
- Promote continuity and coordination
- Encourage quality through leadership and incentives
- Organize and equip health care teams
- Use information systems
- Support self-management and prevention

Better Outcomes for Chronic Conditions